

RECEIVED

JUN 05 2020

DEPARTMENT OF
WATER RESOURCES

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
STATEMENT OF COMPLETION
FOR SUBMITTING PROOF OF BENEFICIAL USE

FOR OFFICE USE ONLY
Amt. of Fee \$ 100
Receipt No. C108851
Received By ICM
Date Received 6-5-2020

The Idaho Department of Water Resources considers this form a statement by the permit holder(s) that development of a water right has been **completed** and that water has been applied to beneficial use to the extent described below. **This form must be accompanied by an examination fee, when necessary, or by a completed Beneficial Use Field Report prepared by a certified water right examiner.** Please refer to the instructions and fee schedule for this form. If ownership of the permit has changed, contact any Department office or visit the Department's website at idwr.idaho.gov for an *Assignment of Permit* form. If you wish to relinquish your permit because you have not established the authorized use of the water and are **not** applying for an extension, please notify the Department in writing.

1. Permit No. 22-14132 Telephone No. 619-887-9986

2. Name of Permit Holder(s) Teton Reserve Master Assn

3. Mailing Address P.O. BOX 838 City Victor
State ID Zip 83455 Email treasurer@tetonreserve.org

4. Source of Water Ground If **GROUND WATER** (well), Date Drilled mo. 9 / yr. 2016
Well Driller Thomas Drilling Drilling Permit Number Well Tag # 0071179

5. Extent of use(s) completed **as authorized by the water right permit:**
Domestic (No. of households) 190 Stockwater (No. and type of stock) _____
Irrigation (No. of acres) 95 Other _____

6. Total rate of diversion or storage volume for which proof is submitted 0.6 cfs OR _____ acre-feet.

7. Compliance with a measuring device requirement, lockable controlling device requirement, and/or other conditions of permit:
Refer to the approval conditions on your permit and respond accordingly.
The Department will not issue a license if permit conditions are not met.

Measuring Device	Is a measuring device required?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	If yes, has the measuring device been installed?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Lockable Controlling Device	Is a lockable device required to control the diversion?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	If yes, has the lockable device been installed?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Fish Screen	Is a fish screen required?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	If yes, has the fish screen been installed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Other Conditions of Permit

Do the approval conditions on your permit require you to submit additional information in connection with your proof of beneficial use? If yes, list the conditions below and attach documents with the required information.

Completed? Yes ☐ No ☒

8. Fee Enclosed \$ \$100.00 or not applicable ☐. See fee schedule on page 2 of the instructions.
Proof statements filed without an appropriate fee, will be considered incomplete.

9. Person to contact to accompany the Department representative during field examination of the water system.

Name Allen Wilder Telephone Number 208-847-5822
Mailing Address P.O. Box 359 City Tetonia
State ID Zip 83452 Email awilder@ida.net

The information given on this form is my true statement of the extent to which the above numbered permit has been developed and water has been diverted and applied to a beneficial use. I understand that any undeveloped portion of the permit is relinquished to the State of Idaho.

Signature of Permit Holder C.H. Wilder (Treasurer) Date 05/21/2020
(Include your title, if on behalf of company or organization)



State of Idaho

DEPARTMENT OF WATER RESOURCES

322 East Front Street • P.O. Box 83720 • Boise, Idaho 83720-0098

Phone: (208) 287-4800 • Fax: (208) 287-6700 • Website: www.idwr.idaho.gov

BRAD LITTLE
Governor

GARY SPACKMAN
Director

June 8, 2020

TETON RESERVE MASTER ASSOCIATION INC
PO BOX 838
VICTOR ID 83455-0838

PROOF ACKNOWLEDGEMENT LETTER

RE: Permit No. 22-14132

Dear Permit Holder:

The Department acknowledges receipt of the proof of beneficial use form submitted for the above referenced permit. The next step in the process of developing a water right is for the Department to conduct a field examination to determine and confirm the use being made of the water.

Please be advised that Idaho Code § 42-248, requires you or the owner of this water right to maintain current ownership and address records on file with the Department. Forms to file a change of ownership of a water right and/or a change in the address of the water right owner are available from any Department office or at the Department's website at www.idwr.idaho.gov.

If you have any questions concerning the field examination, please contact the Eastern Region Office of the Department located in Idaho Falls at (208) 525-7161.

Sincerely,

Debbi Judd
Technical Records Specialist

Enclosures

c: ROCKY MOUNTAIN ENVIRONMENTAL ASSOC INC – *via email*